## BEST AVAILABLE CUPY

10 053175

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

13018:32

| CLAIMS AS FILED - PART I  |  |   |                 |                                    |                              | -                |        | SMALL ENTITY   |                        | OTHER THAN |                     |                        |  |  |  |  |  |  |  |
|---|--|---|-----------------|------------------------------------|------------------------------|------------------|--------|--|------------------------|------------|---------------------|------------------------|--|--|--|--|--|--|--|
|   |  | -   | (Column 1)      |                                    | (Column 2)                   |                  |        | TYPE   |                        | OR         | SMALL ENTITY        |                        |  |  |  |  |  |  |  |
| TOTAL CLAIMS  |  |   | 20              |                                    |                              |                  |        | RATE   | FEE                    |            | RATE                | FEE                    |  |  |  |  |  |  |  |
| FOR   |  |   | NUMBER FILED    |                                    | NUMBER EXTRA                 |                  |        | BASIC FEE  | 370.00                 | OR         | BASIC FEE           | 740.00                 |  |  |  |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 2-0 minus 20=   |                                    | · Ø                          |                  |        | X\$ 9=   |                        | OR         | X\$18=              |                        |  |  |  |  |  |  |  |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =     |                                    | • /                          |                  |        | X42=   | 42                     | OR         | X84=                |                        |  |  |  |  |  |  |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM P                              |                 |                                    |                              |                  | +140=  |  | OR                     | +280=      |                     |                        |  |  |  |  |  |  |  |
| • If  | the difference                                 | in column 1 is                            | less than z     | ero, ente                          | r "0" in c                   | xolumn 2         |        | TOTAL  | पाट                    | OR         | TOTAL               |                        |  |  |  |  |  |  |  |
| u-  | o gape   | LAIMS AS A<br>(Column 1)                  | MENDE           | IENDED - PART II<br>(Column 2) (Co |                              |                  |        | SMALL  | ENTITY                 | OR         | OTHER<br>SMALL      | 3                      |  |  |  |  |  |  |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI                       | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE   | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |
|   | Total  | • 20                                      | Minus           | * 6                                | 0                            | =                |        | X\$ 9=   |                        | OR         | X\$18=              | ,                      |  |  |  |  |  |  |  |
|   | Independent                                    | • 4                                       | Minus           | ***                                | 4                            | <b>7</b>         | . [    | X42=   |                        | OR         | X84=                |                        |  |  |  |  |  |  |  |
|   | FIRST PRESE                                    | NTATION OF MU                             | JUTIPLE DE      | PENDEN                             | CLAIM                        |                  | 1      | +140=  |                        | OR         | +280=               |                        |  |  |  |  |  |  |  |
|   |  |   |                 |                                    |                              |                  |        | TOTAL  |                        | OR         | TOTAL<br>ADDIT, FEE |                        |  |  |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |                                    |                              |                  |        |  |                        |            |                     |                        |  |  |  |  |  |  |  |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIGH<br>NUM<br>PREVI               | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE   | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |
|   | Total  | •   | Minus           | **                                 |                              | =                | ] [    | X\$ 9≃   |                        | OR         | X\$18=              |                        |  |  |  |  |  |  |  |
|   | Independent                                    | •   | Minus           | ***                                |                              | =                | ] [    | X42=   |                        | OR         | X84=                |                        |  |  |  |  |  |  |  |
| _   | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DE      | PENDEN                             | T CLAIM                      |                  | ןנ     | +140=  |                        | OR         | +280=               |                        |  |  |  |  |  |  |  |
| ·   |  |   |                 |                                    |                              |                  | _      | TOTAL<br>ODIT, FEE   |                        | OR         | TOTAL<br>ADDIT. FEE |                        |  |  |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |                                    |                              |                  |        |  |                        |            |                     |                        |  |  |  |  |  |  |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI                       | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |        | RATE   | ADDI-<br>TIONAL<br>FEE |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |  |  |  |  |
|   | Total  | *   | Minus           | **                                 |                              | =                | 11     | X\$ 9=   |                        | OR         | X\$18=              |                        |  |  |  |  |  |  |  |
|   | Independent                                    | •   | Minus           | 444                                |                              | -                | 11     | X42=   |                        | OR         | X84=                |                        |  |  |  |  |  |  |  |
| 5   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                                    |                              |                  | J ├    | _  |                        | UH         |                     |                        |  |  |  |  |  |  |  |
|   | If the entry is colu                           | rmo 1 is loss than t                      | ne entry in col | umn 2 writ                         | e "O" in co                  | okumo 3          | L      | +140=  |                        | OR         | +280=               |                        |  |  |  |  |  |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |                 |                                    |                              |                  |        |  |                        | OR         | TOTAL<br>ADDIT, FEE |                        |  |  |  |  |  |  |  |
|   | The "Highest Nur                               | mber Previously Pa                        | id For (Total   | or Independ                        | dent) is the                 | e highest numb   | er fou | ***If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter *3.*  The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1. |                        |            |                     |                        |  |  |  |  |  |  |  |